

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		4				
12		4				
13	1					
14		1				
15		1				
16	1					
17		1				
18		1				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	23	→	→	→		
TOTAL CLAIMS	27	22	22	22	22	22

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		→	→	→	→	→
TOTAL CLAIMS		22	22	22	22	22